

## Refund Request Form Beneficiary Premiums/Fees

Form Not Applicable for Claim Related Refunds

Please type or print all entries.			
Coverage: Prime	TRS (TRICARE Reserve Select)	TRR (TRICARE Retired Reserve)	TYA (TRICARE Young Adult)
Sponsor Name: Last	First	M.I.	Sponsor SSN or DBN
Home Address: Street	Apt. No.	City	State ZIP Code
Step 1: Please specify the Dollar Amount of the refund you are requesting.			
Refund Amount Requested : \$			
Step 2: Please specify the Reason that a refund is being requesting.			
I request a refund because:			
Step 3: Please provide supporting documentation as applicable.			
Please include any necessary documentation to support your request such as a copy of active duty orders, etc. If requesting a refund for a deceased beneficiary, a copy of the death certificate must be submitted to DEERS prior to submitting your refund request. Call the DEERS Support Office, toll-free, at 1-800-538-9552 for assistance with notification of deceased beneficiary.			
Step 4: Please authorize this request with your signature.			
I hereby authorize UnitedHealthcare Military & Veterans to process my refund request in accordance with applicable TRICARE policy and acknowledge that a refund request does not guarantee a refund will be issued.			
Sponsor Signature (Requ	uired)		Date
Step 5: Please mail or fax to the address below.			
Mail this form to:		or Fax this form to:	
UnitedHealthcare Military		1.877.890.7297	
TRICARE West Region E P.O. Box 105492 Atlanta, GA 30348-5492	пошпен рераниен	THANK YOU FOR YOUR SERVI	CE!
All requests will be reviewed by the Enrollment department to determine if a refund is due. The processing time for all refund requests is approximately 4 to 6 weeks from the date the written request is received.			

Privacy Act Statement: This information is protected under the Privacy Act of 1974 and shall be handled as "official use only."